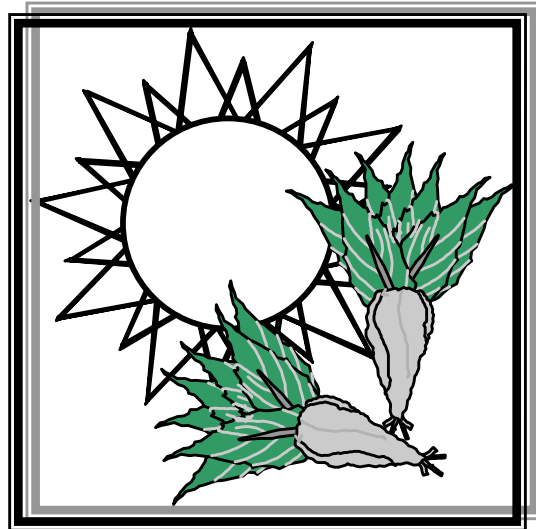


November 3, 2008



Dear Producer,

We would like to invite you to the **2009 Montana/Wyoming Sugar Beet Symposium**, co-sponsored by the University of Wyoming and Montana State University. The Symposium will be held at the **Billings Hotel and Convention Center** in Billings, Montana, **January 12 & 13, 2009**. The 2009 symposium committee has developed a program that addresses all facets of **dry bean, barley, and corn production on Monday, January 12, and sugar beet production on Tuesday, January 13, 2009**. In addition there will be a trade show opening on Monday at 11:00 a.m. and continue through to the end of the conference. Details of the program are attached with a registration form. For those returning the registration form by **Thursday, January 8, 2009**, the cost is **\$20.00** for January 12th and **\$20.00** for January 13th or **\$40.00** for both days. Registration on site will be **\$25.00** for the 12th and **\$25.00** for the 13th. All registration costs are based on US dollars (no refunds).

Special room rates have been arranged with the Billings Hotel and Convention Center-1223 Mallowney Lane(south of the Holiday Inn). Their phone number is 406-248-7151 or 800-537-7286. The room rate is \$69.00 per night. To receive these rates you must register by DECEMBER 29,2008, and indicate you are attending the Sugar Beet Symposium.

Please send your completed registration form and your check to:

MABA

1302 24th St. West- PMB 208

Billings, MT 59102

We have a great program for you and we look forward to seeing you in Billings in January. If you have any questions please call Barb Herda at 406-652-5551 or 406-698-7991 or Andy Steiger at 406-861-7650.

Sincerely,

**THE 2009 MONTANA/WYOMING SUGAR BEET
SYMPOSIUM ORGANIZING COMMITTEE REGISTRATION FORM:**

NAME: _____

ADDRESS: _____

—

CITY, STATE, ZIP CODE: _____

PHONE: _____

—

EARLY REGISTRATION FEE:
PLEASE SEND BY Thursday JANUARY 8, 2009

Monday JANUARY 12, 2009: \$20.00 _____ X _____ PEOPLE

Tuesday JANUARY 13, 2009: \$20.00 _____ X _____ PEOPLE

TOTAL: \$ _____

***PLEASE LIST ALL PEOPLE WHO ARE ATTENDING.**

***PLEASE MAKE CHECKS PAYABLE TO MABA**

***PLEASE SEND FEE TO THE FOLLOWING:**

MABA
1302 24TH ST WEST-PMB 208
BILLINGS MT 59102

PLEASE LIST ADDITIONAL NAMES:

NAME: _____

ADDRESS: _____

—

CITY, STATE, ZIP CODE: _____

On site registration will be:
Monday January 12, 2009 - \$25.00 and Tuesday January 13, 2009 - \$25.00